

**MINUTES OF THE FINANCE & PERFORMANCE MEETING  
HELD ON WEDNESDAY 15<sup>th</sup> JUNE 2016 AT 10.00 AM  
AT MEETING ROOM, KING'S COURT, CHAPEL STREET, KING'S LYNN**

**Present:**

<b>Chair</b>	Rob Bennett	(RB)	Lay Member (Finance) (Chair)
	Dr Ian Mack	(IM)	WNCCG Chair
	Melvin Peveritt	(MP)	Vida Healthcare
	Chris Humphris	(CH)	Director of Operations
	Emma Kriehn-Morris	(EKM)	Deputy Chief Finance Officer
	Chris Randall	(CR)	Chief Financial Officer
	Rev Hilary De Lyon	(HDL)	Lay member Audit & Deputy Chair (from item 7.1 by telephone)

**Attendees** Cathy Hudson (CaH) Admin Support (Minutes)

**ACTION****1 APOLOGIES**

Apologies have been received from Dr Sue Crossman (SC) and Phillip Riedlinger (PR).

**2 NEW DECLARATIONS OF INTEREST**

No new declarations of interest were received.

**3 CONFIRMATION OF ANY PART OF THE AGENDA THAT IS EXEMPT UNDER THE FREEDOM OF INFORMATION ACT**

Item 10.3 will be exempt under the Freedom of Information Act.

**4 MINUTES OF THE PREVIOUS MEETING HELD ON MAY 18 2016**

The minutes of the meeting held on May 18 were agreed as an accurate record with the addition of the apologies of EKM.

**5 ACTION LOG/MATTERS ARISING**

- **12/16** – CH has yet to prepare an update on the contents of the Quality Premium for 2016/17 due to workload. This will be done by the July meeting.
- **13/16** – The Clinical Update Reserve is being covered by the Audit Committee and is on the action log for that meeting. HDL is yet to receive a response from NHS England and will discuss next steps with the Audit Chairs. Can be removed from the Finance and Performance Committee action log.
- **16/16** – This will be completed for September.
- **17/16** – Paper included for noting.
- **18/16** – Paper included for noting.

**6 DISCHARGE OF STATUTORY DUTIES AND PERFORMANCE AGAINST STRATEGIC AND OPERATIONAL PLANS**

**6.1 Feedback from Annual Assurance Meeting with NHS England:** NHS England has confirmed the final peer reviewed ratings will be released by the end of June in time for the next Governing Body meeting on June 30<sup>th</sup>. There has been no indication whether the moderation process has had any impact on the scores previously reported.

CR presented the CCG improvement and assessment framework 2016/17 document and highlighted point 3 of the introduction;

- The CCG IAF has been designed to supply indicators for adoption in STPs as markers of success. In turn those plans will provide vision and local actions that will populate and enrich the local use of the CCG IAF.

CR also highlighted concerns with the number metrics against Better Care being much higher than Sustainability. Finance and Performance Committee will decide which metric they will monitor as a priority.

The Finance and Performance committee will have a paper midway through the year to assess the progress.

## 7 FINANCIAL MANAGEMENT AND VALUE FOR MONEY

- 7.1 Finance and Performance Report:** EKM presented her paper giving an update on the finance and QIPP position as at month 2 2016/17. EKM highlighted how the CCG planned through its submissions to NHS England to deliver a 1% surplus of £2.4m in-line with CCG business rules. However due to the 2015/16 actual delivery of £1.3m, a £1.0m shortfall, and changes in the planning approach made by NHS England, the required surplus for 2016/17 is now £1.3m, which delivers a recurrent 0.6% surplus. WNCCG have highlighted this change to our local financial assurance team, and have been assured that this is the expectation held by the national team WNCCG.

The overall financial position of the CCG as at May 2016 (month 2) is a year to date surplus of £0.01m, which is £0.22m short of the planned 0.6% surplus of £0.23m. The main reason for this is spend on acute commissioning. The QEH have had an overspend and over performance with electives. The meeting discussed the concerns with the information. The phasing of QIPP schemes will also affect the costings. This will be monitored on a monthly basis and action will be taken early if there are any concerns. This will also be the same for other acute providers overspending including the Norfolk and Norwich.

**A paper was tabled to explain the finance risks and mitigations as at month 2. Due to the timing of the paper being prepared, the committee will take the paper away to read and feedback to CR with any comments.**

ALL

CR explained if month 3 numbers cause concern to NHS England they could ask for a Financial Recovery Plan.

A second tabled paper describes the issues arising from the timings of the finance data being received in relation to the day of the finance and performance committee. Some of the planned committee dates do not allow enough time for an informative and thorough report to be prepared. **These will be looked at and a schedule of revised dates for the committee will be prepared.** This should allow the papers to be written and sent out to members in good time.

EKM

## 8 ANNUAL BUDGET AND MEDIUM TERM PLANS

No items for this months agenda.

## 9 MONTHLY FINANCIAL PERFORMANCE AND QIPP

- 9.1 QIPP Program Update 2016/17:** CH presented the QIPP Update paper. The report shows savings of £998k against a plan of £1.098m. Much work has been done on the QIPP schemes over the last month, including the continuation of staff training on project planning and risk and issues. 95.4% of staff have now completed the training.

Progress has been made on the QIPP 16/17 head room items. PR has now been appointed as the permanent PMO Project Officer.

IM drew attention to a significant risk surrounding Better Care Fund as this has now gone to arbitration. The outcome from this could have a financial impact.

CR explained there are some schemes that have been identified to allow WNCCG to mitigate against the potential outcome. These include the integration of the Virtual Ward and Norfolk First Support and the optimised use of intermediate care beds (NorseCare).

The committee praised the work that PR and the team have put into the QIPP work. The detail included with the schemes and the use of the notice board keeps staff up to date with progress and allows any potential issues to be highlighted and dealt with early.

The risk surrounding the BCF will be highlighted to the Governing Body as a risk.

**CR will ask PR to ensure there is no double counting with schemes.**

CR

The meeting discussed capacity and resource issues within the commissioning team especially with the planned care area.

## 10 CONTRACTUAL PERFORMANCE INCLUDING CSU

**10.1 Accident and Emergency, Ambulance Handover Performance Review:** It is not an integrated finance and performance report for this meeting. The aim is to have this prepared by the Governing Body meeting on June 30<sup>th</sup>.

The performance report for this month focuses on the main concern for WNCCG; A&E 4 hour breaches. The QEH has not met the national standard of 95% of people seen and treated within four hours of attending A&E for five years. This is also the case for many hospitals. During 2015/16 they achieved 90%, 2014/15 91% and 2013/14 92%. A contractual performance notice was issued last year and entered into discussions. The outcome of which will flow into this year. NHS England and NHS Improvement are insisting we produce a joint action plan to address this performance concern. There have been changes this year including the need for the trusts to agree their monthly trajectories with NHS Improvement, this will be overseen by NHS England who have insisted all trusts should aim to be achieving 95% in the last quarter. WNCCG have had no say in the trajectories and will no longer have the power to enact financial penalties if they do not reach target. The achieving of the 4 hour wait along with other targets is linked to receiving transformation money.

The Emergency Care work plan has been produced and a set of Key Performance Indicators (KPI) have been agreed to enable WNCCG to monitor the plan. The figures for each KPI are to be agreed. The System Resilience Group (SRG) has a responsibility to oversee the joint action plan. IM told the meeting of current issues highlighted by the hospital at SRG which can affect their ability to reach their targets. Work is ongoing to ensure these issues are dealt with.

The Ambulance turnover targets are directly affected by the A&E performance targets. The work plan for A&E should assist in improving the ambulance outcomes. Stroke responses met the national standard for Norfolk last year.

**10.2 NSFT Contract Update:** NSFT were placed in special measures by the CQC in July 2015. The next visit by the CQC is in July 2016. NSFT will be hoping the special measures can be lifted. The main contract between WNCCG and NSFT has been agreed and signed off. The contract includes significant investments continuing from last year. The decision had been made to reduce the beds to 15 at the Fermoy unit due to issues with recruiting into the unit. A joint programme board has been established between WNCCG and NSFT to plan for the future. We have been clear that we would like to look at options that would retain local acute beds. Options could be refurbishing the Fermoy or looking at other estates used by NSFT in West Norfolk. The wording in the report prepared by JS will be changed to rephrase the comment on centralising Hellesdon to include West Norfolk patients. Clinician to Clinician meeting have restarted.

There is another contract with NSFT that is a joint contract to commission the primary care mental health service. South Norfolk CCG are the lead commissioner on this contract. Agreement and final sign off is due soon.

WNCCG are working with NSFT to develop a new contract payment method using Payment By Results (PBR). NSFT have replaced their IT systems and this has caused quality issues with the data that is being received by the CCG. NSFT are working to ensure the system issues are being addressed.

HDL has met with NSFT and reported that suggestions given by WNCCG to help with staffing using GPs with special interests have not been fed back and this will now be done.

**10.3 CSU Dashboard: \*\*\*\*FOI EXEMPT ITEM\*\*\*\***

**11 COMMITTEE GOVERNANCE**

**No items for this months agenda.**

**12 ANY OTHER BUSINESS AND REFLECTION ON MEETING**

No any other business was discussed. The timing of the meetings will be looked into. The QIPP and contract discussions were considered useful. More detailed finance and performance data will be presented in July.

**13 DATE OF NEXT MEETING**

**The next meeting of the Finance and Performance Committee will take place on Monday July 25<sup>th</sup> 2016 at 9am.**

**There being no further business the meeting closed at 12.35pm**